

APPLICATION CHECKLIST FOR MISSOURI STUDENT SERVICES LICENSE

For applicants who completed an approved program outside of Missouri.

PLEASE READ CAREFULLY BEFORE APPLYING FOR A MISSOURI STUDENT SERVICES CERTIFICATE



Application Form

Complete Section I, parts A-E. Processing time varies from 2-6 weeks depending on application activity!



Institutional Recommendation

After completing Section I of the application form, you must forward it to the designated recommending official at the institution where you completed your program. The recommending official must complete Section II.



If you are applying for a Speech Language Pathologist you can find the State Board of Registration Healing Arts application at:

<http://www.pr.mo.gov/boards/healingarts/slpathoudio.pdf>



Application Fee

Include with your application packet a \$50.00 check or money order made payable to "Treasurer, State of Missouri."

Cash will not be accepted. NOTE: This fee is for processing your application and cannot be refunded nor does it guarantee that a certificate will be issued.

*If you have four (4) or more years of student services experience, please enclose an additional \$35 for the "Career" level of certification.

** If you are applying for Speech Language Pathologist through the professional license route, a processing fee is not required.



Praxis II Score Report

If you have completed a Praxis II Specialty Area Test(s), please enclose a score report with your application packet.



Verification of Approved Student Services Experience

Student Service experience must be contracted and at least half time experience. **Teaching experience does not qualify as Student Service experience.** Student Service experience must be documented on the enclosed verification of Student Services Experience form. You may duplicate the form as needed. The form must be signed by an official of the school system. If you do not have approved Student Services experience, please write "none" across the form and return it.



Verification of Certificate of License to Teach

If you hold a valid teaching certificate(s) or license(s) in another state for School Counselor, School Psychological Examiner, School Psychologist or Speech Language Pathologist you must include a copy of the certificate(s) with your packet.



Official Transcripts

Official transcripts from **ALL** colleges, universities, and/or professional schools where coursework was completed must be submitted. **NOTE:** An overall minimum grade point average of 2.5 on a 4.0 scale is required for initial certification. **All college-level coursework must be submitted** in order to verify the overall grade point average.



Background Check

A criminal background check must be completed. Please contact Identix to schedule an appointment at 866-522-7067 or <http://www.identix.com/iis/>. The current processing fee for this procedure is \$50.95. Please provide the following information when contacting Identix:

- County/District code number of the hiring school district; if not employed please use code number 999999;
- Your certification status, which will be a certified educator (E); and
- DESE's ORI number, which is MO920320Z.

Any questions regarding this portion of the application process should be directed to the Department of Elementary and Secondary Education, Conduct and Investigations Section at 573-522-8316.

Mail the complete application packet to:

Educator Certification

Post Office Box 480

Jefferson City, MO 65102-0480

<http://dese.mo.gov>

You can check the status of your application on our website at
http://k12apps.dese.mo.gov/webapps/tcertsearch/tc_search1.asp



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
EDUCATOR CERTIFICATION
POST OFFICE BOX 480
JEFFERSON CITY, MISSOURI 65102-0480
(573) 751-0051

INITIAL APPLICATION FOR STUDENT SERVICES CERTIFICATE OF LICENSE TO TEACH

SECTION I: TO BE COMPLETED BY APPLICANT

A. TYPE OF CERTIFICATION REQUESTED:

COUNSELOR K-8 <input type="checkbox"/> 7-12 <input type="checkbox"/>	SCHOOL PSYCHOLOGICAL EXAMINER <input type="checkbox"/>
SPEECH-LANGUAGE PATHOLOGIST <input type="checkbox"/>	SCHOOL PSYCHOLOGIST <input type="checkbox"/>
CAREER EDUCATION COUNSELOR <input type="checkbox"/>	ADULT EDUCATION SUPERVISOR <input type="checkbox"/>
CAREER SERVICES COORDINATOR <input type="checkbox"/>	

B. VITAL INFORMATION

SOCIAL SECURITY NUMBER*

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐ FEMALE ☐

PHONE NUMBERS

H () W ()

IMPORTANT

Original transcripts listed in Part C must be received from the institutions before the application is considered complete.

C. EDUCATION (If additional space is needed, please attach sheets as necessary.) List all colleges and universities, in order of attendance, at which any courses were completed. The listing must include ALL undergraduate and graduate courses and degrees.

COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL	CITY/STATE	DATES ATTENDED		DEGREE OR CERTIFICATE AWARDED/ DATE	MAJOR COURSE OF STUDY
		FROM MO/YR	TO MO/YR		

D. PROFESSIONAL CONDUCT (ALL questions must be answered)

Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.

	YES	NO
1. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been restricted or disciplined in any way for unethical behavior or unprofessional conduct?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any pending complaints before any regulatory board or agency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, or unprofessional conduct, or are you under investigation for any such charge?	<input type="checkbox"/>	<input type="checkbox"/>

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/freqaskques/SSN_Disclosure.pdf

E. SWORN AFFIDAVIT

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief. I understand that any misrepresentation of facts may result in the denial or revocation of the requested certificate(s). I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching. I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper. Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

APPLICANT'S SIGNATURE

DATE

SECTION II: Applicants who have completed a state approved program must have this section completed by the designed recommending official from the college or university.

The applicant has successfully completed our state-approved graduate program for the area indicated under Section IA.

AUTHORIZED SIGNATURE/TITLE	DATE	PRAXIS TEST NUMBER	PRAXIS TEST SCORE
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STATE-APPROVED GRADUATE PROGRAM APPROVAL INFORMATION

FIRST YEAR STATE APPROVAL WAS GRANTED	DATE CURRENT STATE APPROVAL EXPIRES		
SIGNATURE OF AUTHORIZED CERTIFICATION OFFICIAL	NAME OF INSTITUTION	AFFIX OFFICIAL STAMP OR SEAL HERE	
PRINT/TYPE REGISTRAR'S NAME	ADDRESS OF INSTITUTION		
DATE	PHONE NUMBER ()		

SECTION III: RECOMMENDATION FROM EMPLOYING SCHOOL DISTRICT FOR ADULT EDUCATION SUPERVISOR & CAREER SERVICES COORDINATOR.

SIGNATURE OF SCHOOL OFFICIAL	DATE	SCHOOL DISTRICT
NAME OF SCHOOL OFFICIAL	SCHOOL ADDRESS	
TITLE OF SCHOOL OFFICIAL	SCHOOL TELEPHONE	
PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY		

SECTION IV: Applicants for Speech-Language Pathologist applying through the Missouri Professional License route must submit the following:

- ☐ I am currently applying for licensure from the State Board of Registration for the Healing Arts.
- ☐ A copy of a valid **Missouri** Speech Pathologist License from the State Board of Registration for the Healing Arts (may be obtained by calling 573/751-0098).
- ☐ Praxis II Score Report – Enclose a copy of the score report for the Praxis II or NTE specialty area test entitled Speech Language Pathology. A score equal to or exceeding the Missouri qualifying score of 600 is required.

SECTION V: ☐ Applicant is a new hire to this district and has applied for or received a new background/fingerprint clearance. His/her beginning contract date is/was_____.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. Inquiries related to Department programs may be directed to the Jefferson State Office Building, Title IX Coordinator, 205 Jefferson Street, Jefferson City, Missouri 65102-0480; telephone number 573-751-4581.

**PLEASE RETURN THIS FORM TO EDUCATOR CERTIFICATION,
POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
ORIGINAL SIGNATURE REQUIRED-NO FAXES OR PHOTOCOPIES!**

<http://www.dese.mo.gov>



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DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
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(573) 751-0051

VERIFICATION OF STUDENT SERVICES EXPERIENCE

SECTION I: TO BE COMPLETED BY APPLICANT. APPLICANT MUST SEND THIS FORM TO ALL EMPLOYERS TO VERIFY CONTRACTED STUDENT SERVICES EXPERIENCE.

*SOCIAL SECURITY NUMBER

CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)

ALL MAIDEN/FORMER NAMES

STREET ADDRESS

CITY, STATE, ZIP CODE

DATE OF BIRTH

MALE ☐

FEMALE ☐

PHONE NUMBERS

H ()

W ()

*View the Social Security Number Disclosure Notice at: http://www.dese.mo.gov/schoollaw/fregaskques/SSN_Disclosure.pdf

I hereby give my former and/or current employer permission to release any and all information required in Section II.

LEGAL SIGNATURE OF APPLICANT

DATE

SECTION II: TO BE COMPLETED BY EMPLOYING SCHOOL SYSTEM

The above named individual provided student services in our school system as verified below.

BEGINNING DATE OF EMPLOYMENT

ENDING DATE OF EMPLOYMENT

TOTAL YEARS

NAME OF SCHOOL SYSTEM

SCHOOL ADDRESS

CITY, STATE, ZIP

ADMINISTRATOR'S NAME (PRINT OR TYPE)

ADMINISTRATOR'S POSITION

SCHOOL PHONE NUMBER

ADMINISTRATOR'S SIGNATURE

DATE

PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY

NOTE: Experience must be contracted and at least half-time.

PLEASE RETURN THIS FORM TO THE TO THE APPLICANT IN A SEALED OFFICIAL SCHOOL ENVELOPE.

THIS FORM MAY BE DUPLICATED FOR ADDITIONAL EMPLOYERS.

PHOTOCOPIES OR FACSIMILES OF THIS COMPLETED APPLICATION CANNOT BE ACCEPTED.

www.dese.mo.gov